

| Class                       | Subclass |
|-----------------------------|----------|
| <b>ISSUE CLASSIFICATION</b> |          |

PATENT NUMBER

**U.S. UTILITY Patent Application**

IK  
SCANNED

**PATENT DATE**

|                              |            |              |                 |                  |   |
|------------------------------|------------|--------------|-----------------|------------------|---|
| APPLICATION NO.<br>09/828460 | CONT/PRIOR | CLASS<br>600 | SUBCLASS<br>300 | ART UNIT<br>3762 | EXAMINER<br>Evanis KO<br><del>Lin</del> |
|------------------------------|------------|--------------|-----------------|------------------|---|

## APPLICANTS

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КНД

### Table

Passive telemetry system for implantable medical device

PTO-2040  
12/89

# ISSUING CLASSIFICATION

[illegible]

|   |                                       |             |                                   |              |
|---|---------------------------------------|-------------|-----------------------------------|--------------|
| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>                       |             | <b>CLAIMS ALLOWED</b>             |              |
|   | Sheets Drwg.                          | Figs. Drwg. | Print Fig.                        | Total Claims |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.                      | _____<br>(Assistant Examiner)         |             | <b>NOTICE OF ALLOWANCE MAILED</b> |              |
| <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ | _____<br>(Primary Examiner)           |             | <b>ISSUE FEE</b>                  |              |
|   | _____ (Date)                          |             | Amount Due                        | Date Paid    |
| <input type="checkbox"/> The term of _____ months of this patent have been disclaimed.                                | _____<br>(Legal Instruments Examiner) |             | <b>ISSUE BATCH NUMBER</b>         |              |
|   | _____ (Date)                          |             |                                   |              |

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Form PTO-436A  
(Rev. 6/99)

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(FACE)